



IMPORTANT: This application must be submitted by the applicant to the Virginia Milk Commission, Richmond, Virginia

VIRGINIA MILK COMMISSION

1100 BANK STREET SUITE 1019
RICHMOND VA 23219
TELEPHONE NO.: (804) 786-2013
FAX NO.: (804) 786-3779

APPLICATION FOR DISTRIBUTORS' LICENSE

Name of Applicant: _____

Trading As: _____

Address: _____

Contact Person: _____

(Person to address questions concerning this application)

Type of License Requested (check one)

☐

Processing General Distributor

☐

Non-Processing General Distributor

☐

Sub-Distributor

LICENSE REQUESTED FOR ALL VIRGINIA MARKET SALES AREAS

Information to be supplied by Virginia Milk Commission

Date of Hearing

Approved ☐

Minutes

Time of Hearing

Rejected ☐

Date of License

Place of Hearing

License Number

VIRGINIA MILK COMMISSION

RICHMOND, VIRGINIA

APPLICATION FOR DISTRIBUTORS' LICENSE

TO THE VIRGINIA MILK COMMISSION:

DATE RECEIVED BY SMC: _____

Pursuant to the provisions of Article 2, Chapter 21, Title 3.1 of the Code of Virginia of 1950 as amended, application is hereby made as provided therein, and in accordance with the provisions of the said Act for a license to operate in Virginia defined controlled markets.

Business Location _____

_____ Phone: _____

Mailing address (if different) _____

_____ Fax: _____

(Check one)

☐

Individual

☐

Partnership

☐

Corporation

☐

Cooperative

☐

Other

NAME OF OFFICERS, DIRECTORS OR PARTNERS

TITLES

ADDRESS

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you an affiliate of any person, firm or corporation? If so, give name and address of each:

| |
|-------|
| _____ |
| _____ |
| _____ |

Do you have one or more subsidiaries? If so, give name and address of each:

| |
|-------|
| _____ |
| _____ |

Number of years applicant has operated this business: _____ years

Sales Disposition:

Retail ☐ Wholesale ☐ Contractual ☐ Own Outlets ☐

U.S. Government ☐ Other _____

Has any legal action been taken against you by this commission for violations of rules and regulations?

(Yes or No) If yes, indicate date _____

Have you made all reports and paid all assessments, as prescribed by the rules and regulations of this commission?

(Yes, No, Not Applicable)

Applicant is currently subject to the following Milk Marketing Regulatory Agencies: ()

☐ State ☐ Federal _____ ☐ None
Order currently regulated under

Total estimated monthly Class I Sales volume in Virginia Market _____ pounds

TO BE COMPLETED BY PROCESSING GENERAL DISTRIBUTOR APPLICANTS ONLY:

Packaging under the following brand names _____

Manufacturing: ()

Starter ☐ Ice Cream ☐ I/C Mix ☐ Cottage Cheese ☐

Creamers ☐ Half & Half ☐ X Cream ☐ XX Cream ☐

Dips ☐ Sour Cream ☐ Yogurt ☐ Egg Nog ☐

Fruit Drinks & Juices ☐ Other: _____

Size of glass containers used for fluid milk products ()

Bulk gallons ☐ Gallons ☐ Half-Gallon ☐ Quarts ☐ Pints ☐

Ten-ounce ☐ 1/2 pints ☐ Other _____

Size of paper containers used for fluid milk products ()

Bulk gallons ☐ Gallons ☐ Half-Gallon ☐ Quarts ☐ Pints ☐

Ten-ounce ☐ 1/2 pints ☐ Other _____

Size of plastic containers used for fluid milk products ()

Bulk gallons ☐ Gallons ☐ Half-Gallon ☐ Quarts ☐ Pints ☐

Ten-ounce ☐ 1/2 pints ☐ Other _____

TO BE COMPLETED BY PROCESSING AND SUB DISTRIBUTOR APPLICANTS:

Milk to be processed by:

NAME _____

ADDRESS _____

Is Proposed Processor currently Licensed in the following Virginia Milk Commission Markets? _____
Yes or No

Applicant will distribute under the following name brands:

Size of containers used in sales of fluid milk products: ()

Bulk Gallons ☐ Gallons ☐ Half-Gallons ☐ Quarts ☐

Pints ☐ Ten-ounce ☐ 1/2 Pints ☐ Other _____

TO BE COMPLETED BY ALL APPLICANTS:

The following questions are to be answered by inserting a check mark () under the appropriate column headed "Yes" or "No"

| | | Yes | No |
|-----|--|-------|-------|
| 1. | Is the applicant qualified by character, experience, financial responsibility and equipment to properly function as a distributor licensee? | _____ | _____ |
| 2. | Is the applicant solvent and is it a fact that the applicant has never made a general assignment for the benefit of creditors? | _____ | _____ |
| 3. | Is it a fact that the applicant has never had a judgement secured against it upon which execution | _____ | _____ |
| 4. | Is the applicant aware that the Virginia Milk Commission has promulgated and published Rules and Regulations for the Control, Regulations and Supervision of the Milk Industry in Virginia? | _____ | _____ |
| 5. | Has the applicant read the current Rules and Regulations of the Commission? | _____ | _____ |
| 6. | Does the applicant agree to abide by all the Rules and Regulations of the Commission? | _____ | _____ |
| 7. | Is the applicant aware of the Commission regulation regarding monthly reporting of receipts, sales and other utilization? | _____ | _____ |
| 8. | Is the applicant aware of the Commission requirement that a monthly assessment of Virginia Class I product sales in Virginia controlled markets will be payable by the 15th of the month following the month of sales? | _____ | _____ |
| 9. | Is the applicant aware of the promulgated regulations entitled rules of practice and their provisions? | _____ | _____ |
| 10. | Is the applicant aware of circumstances under which the licensee can be suspended or cancelled as provided for in the regulations? | _____ | _____ |

11. Are all statements, reports and representations that have been, or may be, made by the applicant to the Commission true and accurate? _____
12. Does the applicant agree to accept the assignment of base and to accept delivery of milk in accordance with the Rules and Regulations? _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY BY APPLICANTS WHO ARE PRESENTLY LICENSED BY THE COMMISSION:

13. Is it a fact that the applicant has never ceased to operate? _____
14. Is it a fact that the applicant has all requisite health permits and that no such health permits have ever been suspended, terminated, or revoked? _____
15. Is it a fact that the applicant has never violated any of the Rules and Regulations of the Commission? _____
16. Is it a fact that the applicant has never failed to keep record or furnish information information required? _____
17. Is it a fact that the applicant has never rejected producers' milk without reasonable cause? _____
18. Is it a fact that the applicant has never failed to account and make payment? _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY BY APPLICANTS WHO ARE NOT PRESENTLY LICENSED BY THE COMMISSION:

19. Does the applicant possess all requisite health permits? _____
20. Does the applicant agree to keep records and furnish required information? _____
21. Does the applicant agree not to reject producers' milk without reasonable cause? _____
22. Does the applicant agree to account and make payments? _____
23. Does the applicant agree to make assessment payments? _____
24. Has the applicant ever applied to the Virginia Milk Commission for a distributor's License? _____
25. Does the applicant agree to advise the commission in writing if any of the major information substantially changes? _____

I swear (or affirm) that the foregoing statements are true, full, and correct to the best of my knowledge and belief. I further swear (or affirm) that I have the authority to speak on behalf of and obligate the applicant.

Applicant

By: _____
Signature of Authorized Representative

Title

Date

**THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER PERSON
AUTHORIZED TO TAKE ACKNOWLEDGEMENTS**

State of _____ County of _____

On this _____ day of _____ 20____, _____

whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the
foregoing signature to his, and having been duly sworn by me, made oath that the statements made in the
said instruments are true to the best of my knowledge and belief.

My Commission Expires _____
Notary Public

Agency use only

Agency review findings and recommendations.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

SIGN

DATE _____